

# LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: Jacksonville, Florida

(CALLED "WE", "US", OR "OUR")

We agree to insure the Covered person(s) named below (herein called You and Your) against loss resulting from accidental bodily injuries. If the accidental bodily injuries are the direct and independent cause of the loss and occur while this policy is in force payment of benefits are subject to the provisions, conditions, limitations, and exclusions of this policy.

## SCHEDULE

P L E A S E	NAME OF APPLICANT/INSURED		AGE	POLICY NUMBER	
	ADDRESS (NO. STREET)		68		
	CITY, STATE, ZIP CODE		EFFECTIVE DATE MO/DAY/YR	HOUR AM PM	
			02/17/11	12:00 PM	
			EXPIRATION DATE MO/DAY/YR	HOUR	
			02/17/12	12:00 NOON	
COVERED PERSONS			AGE	BENEFICIARY'S NAME AND RELATIONSHIP	PRINCIPAL SUM PREMIUM
The Applicant/Insured designated above			68		\$ 10000.00 \$ 35.00
					\$ \$
					\$ \$
					\$ \$
I acknowledge and declare that I have voluntarily purchased this insurance protection, and that said purchase not been compulsory. I also acknowledge that this insurance is offered neither as a condition nor as a part of a credit transaction.			DATE	TOTAL PREMIUM PAID	
			02/17/11	\$ 35.00	
SIGNATURE OF APPLICANT/INSURED					
SIGNATURE OF LICENSED RESIDENT AGENT			AGENCY CODE	AGENCY	CITY
				WFC	Forest Park

## ACCIDENTAL DEATH - DISMEMBERMENT - LOSS OF SIGHT BENEFITS

We will, upon receipt of due proof that a Covered Person suffers, directly and independently of all other causes, accidental bodily injury which results in any of the Specific Losses described below within ninety days after the date of the accident causing such Loss will pay an Accidental Death and Dismemberment Benefit in accordance with the Schedule of Insurance, subject to the limitations below. If more than one such Loss is sustained as a result of any one accident, the total amount payable will not exceed the principal sum.

SPECIFIC LOSSES:	In the event of loss of:	The indemnity will be:	In the event of loss of:	The indemnity will be:	
	Life	The Principal Sum		A Foot	One-half the Principal Sum
	A Hand	One-half the Principal Sum		An Eye	One-half the Principal Sum

LOSS: Loss of a hand means loss from one hand of four entire fingers. Loss of a foot means dismemberment by severance through or above the ankle joint. Loss of an eye means the entire and irrecoverable loss of the sight of the eye.

LIMITATIONS: This benefit will not pay for any loss:

- due to disease, bodily or mental infirmity; or
- due to primary or secondary bacterial infections, except infection accidentally sustained or whose primary cause resulted from medical or surgical treatment related to an accidental injury.
- due to suicide or intentionally self-inflicted injury, while sane or insane; or
- due to injury, caused by flight in or descending from a non-scheduled aircraft; or
- war or act of war whether or not you are in the military, navel, air, or space service of any country; or
- due to injury incurred during the commission of a felony, or a subsequent confinement directly related to the commission of a felony. This limitation will not apply to a public official who is present at the commission of a felony in his official capacity; or
- due to participating in an insurrection, or participation in a riot. This limitation will not apply to a public official who is present at the insurrection or riot in his official capacity; or
- due to injury sustained due to You or any Covered Person being under the influence of any narcotic or hallucinogenic drug unless administered on the advice of a Physician.

RETURN OF POLICY: You can cancel this Policy for a full refund of premium. Your request must be in writing to Us. It must be within 10 days from the date of Your Policy. You must return the Policy to Us.

THIS POLICY IS NOT RENEWABLE. This policy is a single term non-renewable Policy. Please refer to the term (duration) of the coverage referenced in the above schedule under effective and expiration date.

THIS POLICY PROVIDES INDEMNITY FOR LOSS OF LIFE, LIMB, SIGHT, RESULTING FROM ACCIDENTAL BODILY INJURIES TO THE EXTENT HEREIN PROVIDED. SINGLE PREMIUM, NON-PARTICIPATING, NON-RENEWABLE.